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APPLICANTS

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** CONTINUING DATA *****
 This appln claims benefit of 60/160,895 10/22/1999 *chk 11/22/05*

** FOREIGN APPLICATIONS ***** *chk 11/22/05*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 11/29/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>CEP/HA</i> <i>chk 11/22/05</i> Examiner's Signature Initials	STATE OR COUNTRY MN	SHEETS DRAWING 10	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 1
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TITLE
 Medicament cartridge and injection device

FILING FEE RECEIVED 243	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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